



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES**

**Planning Document for:**

**SUBSTANCE ABUSE PREVENTION AND  
TREATMENT (SAPT)  
BLOCK GRANT PRIORITIES**

**FEDERAL FISCAL YEARS 2012-2013**

**September 7, 2011**

**DRAFT FOR PUBLIC COMMENT**

## **Background**

Over the past 20 years, national efforts to address the prevention and treatment needs of individuals with co-occurring substance use and mental health disorders have been steadily gaining momentum. A growing body of research has documented the high prevalence of individuals with co-occurring disorders, their difficulty in accessing appropriate treatment in separate substance abuse and mental health systems, and the challenges to recovery when one disorder or the other is left unrecognized and untreated. Longstanding systemic barriers which characterize many mental health and substance abuse systems—including separate administrative structures, differing client eligibility criteria, varying professional credentials, and multiple and fragmented funding streams—have all been identified as standing in the way of effectively addressing the treatment needs of Arkansans suffering from behavioral health issues.

The leadership of Arkansas Department of Human Services, Division of Behavioral Health Services (DBHS) is now in the position to begin to address the barriers and issues related to these systemic barriers. The priorities outlined below will assist DBHS in improving not only clinical processes, but also much needed internal processes to ensure a more credible role within the behavioral health system and set the stage for quality prevention and treatment across the funded system.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant represents a significant Federal contribution to the States' substance abuse prevention and treatment service budgets. The Public Health Service Act [42 U.S.C. §§300x-21-66] authorizes the SAPT Block Grant and specifies requirements attached to the use of these funds. The SAPT Block Grant funds are annually authorized under separate appropriation by Congress. The Public Health Service Act designates the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention as the entities responsible for administering the SAPT Block Grant program.

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## Service System Highlights

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*The following description outlines the current overall behavioral health system for the State of Arkansas. It is the expectation of Arkansas Department of Human Services, Division of Behavioral Health Services (DBHS) to develop into a more responsive, active, holistic and coordinated system to enhance communities and services for those in need of behavioral health care. In the near future, DBHS will amend our State Plan and Priorities to reflect this approach.*

### **Arkansas Behavioral Health System Overview**

Division of Behavioral Health Services (DBHS) is one of ten major divisions within Arkansas Department of Human Services. It is responsible for the licensing and administrative oversight of a comprehensive system of public prevention and treatment for mental health and substance use disorders.

DBHS is responsible for the operation of the Arkansas State Hospital, a 230 bed psychiatric inpatient treatment facility for those with mental or emotional disorders. The hospital provides acute care services for adults, forensic psychiatric services, adolescent services and adolescent sex offender services. DBHS also oversees and operates Arkansas Health Center, a 310 bed long-term care psychiatric nursing facility which serves the needs of elderly Arkansans with disabilities that require specialized services and programs not generally available through community nursing homes. DBHS provides regulatory oversight for mental health treatment services throughout the State by contracting with 13 community mental health centers and certifying two non-profit specialty Community Mental Health Clinics. Each center provides emergency, inpatient and outpatient services to residents of a defined geographical area. Similarly, DBHS provides oversight for 43 treatment providers, with 26 of those funded by DBHS to provide substance use disorder treatment services throughout the State. Substance abuse treatment services span a continuum that includes detoxification, residential treatment, outpatient treatment and education. Specialized programs include those for methadone maintenance and treatment for women with children.

DBHS also provides oversight of the state Drug and Alcohol Safety Education Program, mental health and drug court programs, and administers comprehensive community-based tobacco and drug abuse prevention programs.

In addition, DBHS encourages efforts to continuously improve the quality of services utilizing the best practices available by providing support for research and training. The Arkansas Mental Health Research and Training Institute (RTI) operates in contractual agreement with University of Arkansas for Medical Sciences (UAMS) to support the training of 4.25 general psychiatry residents, 1 child psychiatry fellow, 2 forensic psychiatry fellows, 4 graduate social work interns, 3 doctoral psychology interns and 2 forensic psychology post-doctoral fellows each year.

### ***Office of Alcohol and Drug Abuse Prevention***

Office of Alcohol and Drug Abuse Prevention (OADAP) was created by Act 644 of 1977 and designated as the Agency to administer the Arkansas Comprehensive Alcohol and Drug Abuse Prevention and Treatment Plan. OADAP is part of Department of Human Services, Division of Behavioral Health Services.

The responsibilities of OADAP include funding, licensing, coordination, monitoring, technical assistance and programming in prevention, education, intervention, treatment, training and public information.

OADAP is responsible for administering a comprehensive and coordinated program for the prevention and treatment for alcohol and drug abuse in Arkansas. It has been the policy and philosophy of OADAP that the most effective services are community-based and community-supported. To support this, OADAP contracts with local programs to establish an effective network of services.

As the Single State Authority (SSA), OADAP distributes federal funds from the SAPT Block Grant. OADAP also licenses institutions that operate Substance Abuse Treatment Programs, monitors programs for compliance with State regulations and serves as the State Opioid Maintenance Treatment Authority.

Through annual conferences and ongoing workshops, OADAP trains alcohol and drug abuse professionals. OADAP also funds and oversees the Drug and Alcohol Safety Education Program which regulates the screening, assessment and treatment of those who have received a Driving While Intoxicated (DWI) charge. A total of 14 providers

conduct assessment and treatment referral services within the State of Arkansas, with all 75 counties covered. Approximately 23,000 individuals are screened per year, with 4,000 receiving education or placed into treatment programs.

The Arkansas Prevention System consists of 13 Regional Prevention Resource Centers that serve as informational hubs throughout the state. The Coordinators in these centers also address specific needs of their communities and identify strategies to address those needs. They work closely with county coalitions and recruit for and provide technical assistance to these coalitions so the coalitions can address the needs identified within their counties. Arkansas is an affiliate of the International Certification and Reciprocity Consortium (IC&RC) for Prevention Specialist Certification. The State has 93 certified preventionists and an additional 95 preventionists-in-training. The individuals who serve as Prevention Resource Center Coordinators are required to obtain certification, which is administered by the Arkansas Prevention Certification Board. Workforce development in the form of training is provided by the University of Arkansas at Little Rock (UALR) MidSouth School of Social Work, which holds an annual MidSouth Summer School to address the training needs of preventionists in varying sectors. UALR also hosts the Prevention Institute, which provides ongoing training throughout the year.

OADAP also provides an outreach help-line and treatment for problem gambling at no cost to the individuals in 11 treatment centers. Programs to prevent problem gambling began in 2010 and are provided across 5 regions of the state.

Implemented in 2010, Juvenile Drug Courts are new to the State of Arkansas. They are also administered by OADAP. The Juvenile Drug Court program consists of 10 drug courts across the State of Arkansas. Funded by the Tobacco Settlement Funds, all Juvenile Drug Courts emphasize Tobacco Cessation Programming. Judges in each of the drug courts also refer adolescents to residential and outpatient providers in their districts for comprehensive drug screenings and substance abuse treatment.

Currently, DBHS is undergoing internal office restructuring. In the past, the system has operated as many other state systems have, with a silo culture of mental health and substance abuse steering all efforts in an isolated manner. The new direction of DBHS will focus on a fundamental redesign to align function with our vision of integrated service delivery. OADAP will remain the SSA and will develop better ways to include all populations which experience substance abuse issues.

## System Highlights

- ***Prescription Drug Take-Back Program***

The Arkansas Drug Director, Office of Alcohol and Drug Abuse Prevention (OADAP), Arkansas Department of Environmental Quality, Pharmacy Board, Rotary, Regional Prevention Resource Centers and Army National Guard as well as many other agencies and organizations have coordinated successful prescription drug take-back events. The take back is now a twice-a-year event at which individuals are invited to properly dispose of unused prescription drugs to keep them out of the hands of both youth and adults. Take-back sites are provided at various locations around the state so take backs will be convenient to all.

- ***Processes for adult and child systems of care that are family/consumer driven and youth-guided***

A system of care (SOC) process is under way for both youth and adults. The mental health youth SOC movement has been in place for several years and is supported by a Governor-Appointed Commission. The mental health youth SOC has access to State general revenue funds and SOC grants. The mental health adult SOC movement is much more recent and has been fueled primarily by a grass-roots effort with no additional funds. Both planning processes are centered on consumers and family members. The established SOC systems will begin to embrace concepts for substance prevention, identification of use and treatment for abuse and dependence as important parts of recovery.

- ***Comprehensive Community-Based System***

During the last 6 years, DBHS has used its Co-Occurring State Incentive Grant (COSIG), to train mental health and substance abuse treatment providers together through regional trainings focused on co-occurring disorders. This has resulted in improved coordination of treatment efforts, with regional integration in process. The State has adopted a uniform screening instrument which substance abuse providers use to identify the presence of mental illness and a comparable instrument which mental health providers use to identify the presence of substance use disorders. Substance abuse providers across the state have also been trained how to complete a mental health screening instrument they now use to identify individuals with co-occurring mental health and substance abuse issues.

- ***Gubernatorial support for behavioral health***

Arkansas Governor Mike Beebe and First Lady Ginger Beebe have both been strong supporters for enhancing the behavioral health system in Arkansas. During 2007-08, First Lady Ginger Beebe embarked on a state-wide “First Lady Listening Tour” to hear directly from consumers and family members regarding their experiences and needs. Since then, the Governor and First Lady both get regular updates. The Governor has provided in his budget approximately \$5,000,000 in State General Revenue (SGR) each year to support the SOC efforts across the Department. Continued support from our Governor and First Lady keep behavioral health at the top of the list of priorities for all involved in the system change effort. This includes families, Legislators, key leadership staff, providers and other Advocacy organizations. In addition to the dedicated SGR for SOC, Act 180 of 2009 authorized a \$.56 per pack tax on cigarettes to fund projects in Gov. Beebe’s Health Care Initiative. The Act included \$5,000,000 to expand substance abuse treatment to targeted populations within Medicaid and to augment current services offered by DBHS. The resulting SATS program, developed in conjunction with Medicaid, began in July 2011.

- ***State writing 1915i for adult consumer driven-care***

Through the Adult SOC Committee’s efforts and other stakeholder input, it became clear that, in order to move toward more of a “Recovery-Oriented, Consumer-Driven System,” the state needs to develop additional funding mechanisms for recovery support activities. Toward this effort, the state DBHS and Arkansas Department of Human Services, Division of Medical Services (Medicaid) are working collaboratively on a 1915i state plan amendment to develop recovery support services. Consumers, family members and providers are heavily involved in this process. By improving internal communication processes and program integration discussions, substance abuse prevention and treatment will assist the committee in an effort to share experiences with the Access to Recovery Program.

- ***Access to Recovery (ATR) Partnership***

Arkansas ATR is a grant-funded initiative with UAMS to provide vouchers to clients for the purchase of substance use disorder clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services in 13 Arkansas counties.

Each client will have a care coordinator to assist with accessing needed services. The program will serve adults who are

- members of the Military/Arkansas National Guard/Reserves or are returning combat veterans;
- persons with multiple Driving Under the Influence/Driving While Intoxicated offenses (DUI/DWI);
- pregnant women;
- adults in families with (or at risk of) involvement with Arkansas DHS child welfare Divisions of Children and Family Services (DCFS) or Division of Youth Services (DYS).

ATR funds support medical and dental care; addiction and mental health treatment services; child care; drug-free transitional housing; life skills training including employment, parenting, and financial management services; peer coaching and other recovery services.

- ***Establishment of Substance Abuse Treatment Services (SATS) reimbursable by Medicaid***

In July 2011, DHS began enrolling entities in the new SATS program after conducting a series of provider workshops in June 2011. After agencies and performing practitioners have been certified by DBHS, they are eligible to enroll with Medicaid to offer outpatient services for adolescents, pregnant women and mothers up to the 60<sup>th</sup> day after the birth of their babies.

As of August 24, 2011, Arkansas currently has the following number of certified and enrolled SATS providers:

- 15 DBHS Certified Providers representing 81 sites across the State
- 37 Medicaid enrolled sites and 1 performing practitioner
- 20 certified sites and 7 performing practitioner applications pending approval for Medicaid enrollment

In August 2011, the final pieces of policy pending promulgation were successfully reviewed at the Public Health Committee meeting. Once the Rules and Regulations Committee approves these items on September 13, 2011, Medicaid-enrolled providers will be able to offer services to all of the approved SATS target populations (pregnant/post-partum women and adolescents).



- ***Prevention Collegiate Consortium***

Through a sub-grant for the Collegiate Consortium, OADAP provides for substance abuse prevention programming at a number of colleges and universities across the state. Each year, 15 to 20 colleges and universities take part in the Collegiate Consortium. The Collegiate Consortium is required to follow the Strategic Prevention Framework planning process and, in turn, requires that colleges seeking planning funds adhere to that planning process. Members of the Collegiate Consortium serve on prevention task forces and advisory councils to assist in identifying collegiate prevention needs for training.

- ***Collaboration with Federally-Qualified Community Health Centers***

In an effort to integrate behavioral health and physical health, DBHS has been meeting with the executive director and staff of the Community Health Centers of Arkansas, representatives of the Mental Health Council of Arkansas and UAMS to develop a coalition in order to better understand the function and mission of each entity. A summit was held in October 2010 to which executive directors of community mental health centers, substance abuse providers and federally-qualified community health centers were invited to begin to address integration of services on a regional level. Keynote speakers were from SAMHSA and Health Resources and Services Administration (HRSA). The coalition has continued to meet during the past year to determine how best to provide technical assistance to regions and to explore the concept of health homes. All 3 provider networks were surveyed for level of integration and barriers, and the document is being reviewed. A second summit is being planned for October 2011.

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## State Priorities

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The state priorities are based on a number of systemic issues that have been identified during an internal review of programs and processes and by gathering external input from stakeholders, providers and consumers. These priorities will play a pivotal role in ensuring that consumers receive the best services available for recovery. The priorities will be coordinated and administered at both the division and provider levels. The priorities consist of the following:

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### **Prevention, Treatment and Recovery Services System Improvement**

1. Promote recovery-oriented systems of care
2. Prevent substance use and abuse disorders
3. Promote effective treatment programming
4. Emphasize care for women, youth and other groups which have been traditionally underserved

### **Internal Functional and Improvement Processes**

1. Improve internal and external communication
  2. Improve data systems
  3. Improve clinical and business accountability
  4. Improve coordination and integration of services
  5. Promote public policy issues
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# Substance Abuse Prevention, Treatment and Recovery Priorities and Goals

## (1) Prevention, Treatment and Recovery Services System Improvement

- ***Promote Recovery-Oriented Systems of Care***

Goal:

OADAP will promote a culture of recovery-oriented systems which caters to consumers and their family members.

Objectives:

- (1) OADAP will work with consumers, stakeholders and provider networks to define recovery within the substance abuse prevention and treatment system.
- (2) OADAP will assist in the development and design of recovery-oriented systems of care.
- (3) OADAP will assist in developing a consumer consortium to help define true client-oriented recovery processes.

- ***Promote Effective Treatment Programming***

Goal:

OADAP will promote quality treatment services among all levels of care.

Objectives:

- (1) OADAP will identify the existing barriers for women and other underserved populations to access services.
- (2) OADAP will conduct an organized study of the benefits of quality clinical treatment versus incarceration.
- (3) OADAP will continue to promote the use of evidence-based and promising practices among the treatment network and will discuss issues related to fidelity.
- (4) OADAP will provide technical support and resources for treatment providers to achieve and maintain national accreditation.

- ***Prevent Substance Use and Abuse Disorders***

Goal:

OADAP will continue to focus on prevention of substance use, abuse and dependence for those individuals residing in the State of Arkansas.

Objectives:

- (1) OADAP will participate in the State Suicide Prevention Task Force to guide the suicide prevention planning efforts for the division.
- (2) OADAP will ensure that staff who work with prevention will be included in all leadership activities and discussions.
- (3) OADAP will make appropriate changes to the state prevention infrastructure to integrate identified evidenced practices into the system.

(2) Functional Process Improvement Priorities:

- ***Improved Communication***

Goal:

DBHS will formalize and educate staff on internal communication methods in order to establish a well-informed division and will develop a competent external communication plan.

Objectives:

- (1) All DBHS staff will become aware of the division's vision, mission, beliefs and key organizational developments. Educational meetings will take place 4 times per year.
- (2) DBHS leadership will hold a management team meeting 1 time per week. There will be a written agenda, minutes and documented follow-up assignments.
- (3) DBHS will hold a division-wide staff meeting 1 time per month with a detailed agenda and section assignments.
- (4) DBHS will develop an internal communication plan to assist all employees with understanding the direction for prevention, treatment and recovery by October 31, 2011.
- (5) DBHS will develop an external communication plan to assist all employees with the processes for disseminating information to the stakeholders, providers and general public by December 31, 2011.

- ***Improved Data System***

Goal:

DBHS will develop a comprehensive, centralized data system with all required elements necessary to determine client outcomes, provider reimbursement accountability and data management.

Objectives:

- (1) DBHS will begin the planning phase to develop an inclusive data system for primary prevention and substance abuse by November 1, 2011.
- (2) DBHS will form 2 work groups consisting of leadership staff and other stakeholders to develop public provider performance indicators to ensure coordinated standards and measurements of quality.
- (3) DBHS will develop 2 processes for gathering input regarding client satisfaction and provider needs.
- (4) DBHS will develop a formal intra-agency workgroup in which data sharing purposes and discussions are outlined on a monthly basis.
- (5) DBHS will begin to design provider management reports/profiles to promote provider performance and accountability.

- ***Improved Business Efficiency***

Goal:

OADAP will promote improved accountability and efficiency in provider contracting, internal state processes and service delivery.

Objectives:

- (1) OADAP will coordinate with the provider network to develop policy definitions and timeframes associated with contracted provider reviews.
- (2) OADAP will review and reform 2 internal processes which are outlined by the provider network as inefficient or irrelevant to service delivery.
- (3) OADAP will discuss the design of site review protocol for contracted providers. This discussion will include: fiscal accountability, billing practices and prevention/clinical service elements. The first discussion meeting will take place by December 31, 2011.
- (4) OADAP will review and reform 3 business processes which have been determined as inefficient within the DBHS administrative system.
- (5) OADAP will review all third-party billing processes to ensure that all contracted providers are fully accessing available funding streams for reimbursement of services by March 1, 2012.

- ***Improved Coordination and Integration***

Goal:

DBHS will model improved coordination and integration of functions within the system.

Objectives:

- (1) DBHS leadership staff will develop a system based on functionality that coordinates substance abuse and mental health to improve the effectiveness of DBHS services by December 1, 2011.
- (2) The culture shift between independent program issues, prevention, substance abuse and mental health to a holistic view on behavioral health will begin to evolve by March 1, 2012.
- (3) All staff will have a broadened understanding of prevention, treatment and recovery processes and how these are coordinated throughout the system.

- ***Promote Public Policy and Health Issues***

Goal:

OADAP will promote emerging public policy and health issues within the division, provider networks and communities.

Objectives:

- (1) OADAP will complete a study of the effects of tobacco use within the behavioral health system.
- (2) OADAP will introduce primary care providers to the screening and referral processes within the substance abuse arena.
- (3) OADAP will develop a brief explaining the implications of substance use, abuse and dependence in Arkansas as a public health issue.

## Priorities, Goals and Strategies

Priorities	Goals/Strategies
<b><i>Internal Functional and Performance Improvement Processes</i></b>	<p>Improve internal and external communication</p> <ul style="list-style-type: none"> <li>• Provide internal and public information in an organized and consistent manner</li> <li>• Address discrimination and stigma associated with behavioral health issues</li> <li>• Expand partnerships and relations with media outlets</li> </ul>
	<p>Improve data systems</p> <ul style="list-style-type: none"> <li>• Develop comprehensive benchmarks and outcome measures</li> <li>• Leverage technology to improve level of care decisions and access to treatment</li> <li>• Develop outcomes management reports for programs to determine efficiency</li> </ul>
	<p>Improve clinical and business accountability</p> <ul style="list-style-type: none"> <li>• Coordinate field monitoring of purchased services and contractors' deliverables</li> <li>• Review internal business practices</li> <li>• Develop clinical accountability protocols for technical assistance</li> </ul>
	<p>Improve coordination and integration of services</p> <ul style="list-style-type: none"> <li>• Practice quality coordination skills within the division</li> <li>• Expand thought processes to include all areas of behavioral health and primary care</li> <li>• Address the culture and issues related to separate systems within behavioral health</li> </ul>
	<p>Outline public health policy issues</p> <ul style="list-style-type: none"> <li>• Address tobacco use issues within the treatment system</li> <li>• Involve primary care in conversations related to co-occurring treatment</li> <li>• Emphasize the need for prevention and treatment services as a public health issue</li> </ul>

<p><b><i>Prevention, Treatment and Recovery Services System Improvement</i></b></p>	<p>Prevent substance use and abuse disorders</p> <ul style="list-style-type: none"> <li>• Address rates of suicide and distribute suicide prevention plan among the division</li> <li>• Address rates of substance use and identify top drugs of choice</li> <li>• Develop legislation to continue to address the problem of underage drinking</li> <li>• Continue to educate public about misuse of prescription drugs</li> </ul>
	<p>Promote effective treatment programming</p> <ul style="list-style-type: none"> <li>• Improve access for women and other underserved populations to receive treatment services</li> <li>• Utilize treatment to divert individuals from incarceration</li> <li>• Promote the use of evidence based and/or promising practices</li> <li>• Promote national accreditation for all treatment programs</li> </ul>
	<p>Promote recovery-oriented systems of care</p> <ul style="list-style-type: none"> <li>• Define recovery and adopt recovery language</li> <li>• Develop a recovery support services model</li> <li>• Assist in developing a consumer consortium to help guide recovery processes</li> </ul>



## Public Comment

Pursuant to 42 U.S.C. §§300x-51, the Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention, invites public comment on the development of a two-year State Plan (2012-2013) for the proposed use of funding awarded under the SAPT Block Grant for alcohol and other drug abuse treatment and prevention programs. Under the Block Grant the mission of the Division of Behavioral Health Services (DBHS) is to promote a modern addictions and mental health services system which is accountable, organized, controls costs and improves quality and is accessible, equitable and effective. A central purpose of DBHS under the Block Grant is to promote healthy and safe lifestyles free of the abuse of alcohol, tobacco, and other legal and illegal drugs. The Plan will be available for public comment on Tuesday, September 6, 2011, and can be obtained from the DBHS website, <http://humanservices.arkansas.gov/dbhs/Pages/default.aspx>, or by visiting the DBHS Administration Building at 4800 West 7<sup>th</sup> Street, Little Rock, AR 72205, Monday—Friday, 8:00 a.m. to 4:30 p.m.

Comments on the Plan must be made in writing and received by September 20, 2011. Comments made thereafter will be accepted and considered when making updates and revisions to future editions of the Plan. Comments may be submitted by email to [DHSSAPTBlockGrantReports@arkansas.gov](mailto:DHSSAPTBlockGrantReports@arkansas.gov) or mailed to the attention of the SAPT Block Grant Coordinator, Office of Alcohol and Drug Abuse Prevention, DHS Division of Behavioral Health Services, 305 S. Palm Street, Little Rock, AR 72205. Comments may also be sent by facsimile transmission to (501) 686-9396.

Pending receipt of public comment on the above priorities, goals and strategies, OADAP will revise this document as necessary.